



### **Effective October 1, 2010**

The following HCPCS code changes have been made to the Home Health supply schedule to maintain consistency with the KY DME fee schedule and to help ensure the proper HCPCS codes are being utilized for Prior Authorization requests.

*This change will not affect the prior authorizations that have been issued prior to October 1, 2010.*

#### The updates are the following:

1. Limits have been **modified or added** to the following HCPCS codes A7522 , A7525, A7526 (Trach supplies within the Plan of Care)
2. The specific listings of items per product name for Nutritional Supplements B4149, B4150, B4152, B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161 and B4162 will be **removed** from the Home Health HCPCS list and will be **replaced** with a summarized description per code. This will allow HHA's to provide the Nutritional Supplement requested by the physician. The prior authorization process will continue to calculate units by cans. The Home Health agency will be required to include the specific product name as the description of the requested HCPCS code for the nutritional supplement when requesting prior authorization.
3. Skin Sealant/ointment/protective barrier supplies for bedfast or invalid recipients are to be requested under A6250, if directly being used therapeutically for incontinency skin breakdown or excoriation and/or wounds. These supplies may be approved when the QIO has determined that the PA request meets the medically necessity criteria. These barrier lotions/ointments may be approved as a therapeutic or preventative measure only if clinical documentation validates the necessity for use and the application of the product.
4. Over the counter Supplies for personal hygiene (Lotions, creams and powders) are considered outside the services covered under the home health program. Basic first aid supplies such as peroxide are not covered unless it can be shown that they are medically necessary and are pursuant to the physician's order and integral to the skilled plan of care. Refer to Medical Necessity regulation 907 KAR 3:130.

DMS appreciates the continuing service you provide to the Medicaid members of the Commonwealth. If you have any questions regarding this update, please contact James Kimble (Home Health Program Administrator) at 502 564-5560 or via email at [james.kimble@ky.gov](mailto:james.kimble@ky.gov).